

U.S. SENATOR RUSS FEINGOLD
2007 APPLICATION FOR NOMINATION TO U.S. SERVICE ACADEMIES

NAME (INC MIDDLE INITIAL): _____

PERMANENT ADDRESS: _____

CITY: _____ ZIP: _____

YOUR CONGRESSIONAL DISTRICT: _____ COUNTY: _____

DATE OF BIRTH: _____ SOC SEC #: _____

HOME PHONE #: _____

PARENT'S DAYTIME #: _____

EMAIL ADDRESS (optional): _____

TEMPORARY COLLEGE/SCHOOL ADDRESS (IF APPLICABLE):

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP: _____

I wish to apply for Senator Feingold's nomination to the following academies: (**Numerically** rank academies in order of preference. Do not rank an academy unless you wish to attend and will accept an offer of appointment.)

() UNITED STATES AIR FORCE ACADEMY (COLORADO SPRINGS, CO)

() UNITED STATES MILITARY ACADEMY (WEST POINT, NY)

() UNITED STATES NAVAL ACADEMY (ANNAPOLIS, MD)

() UNITED STATES MERCHANT MARINE ACADEMY (KINGS POINT, NY)

NAME OF HIGH SCHOOL: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

SCHOOL PHONE: _____ ADVISOR: _____

CLASS STANDING: # _____ OF _____ GRADE POINT: _____ on 4.0 scale

_____ weighted

(Remember to include a copy of your official school transcripts for high school and college if applicable. If your school does not rank, please indicate this.)

COLLEGE ENTRANCE EXAMINATION INFORMATION

Please indicate the date you took your exams and whether you plan to retake the tests:

EXAMINATION DATE: _____ REEXAMINATION DATE: _____

SAT SCORES:
VERBAL: _____

ACT SCORES:
ENGLISH: _____

MATH: _____

MATH: _____

WRITING: _____

READING: _____

TOTAL: _____

SCIENCE: _____

WRITING: _____

COMPOSITE: _____

ADDITIONAL DOCUMENTS REQUIRED FOR COMPLETE APPLICATION

AS OUTLINED IN THE INSTRUCTIONS, YOU MUST ATTACH OTHER DOCUMENTS BESIDES THIS FORM FOR YOUR APPLICATION TO BE CONSIDERED COMPLETE:

- Essay of 200 words or less stating why you want to attend the academy
- List of school activities, scholastic honors, non-school related activities, employment, and other interests.
- Complete high school transcript through your junior year or senior year if you have graduated
- One report of your ACT and/or SAT scores. If you retake the test, you can also send these scores.
- No more than 3 letters of recommendation
- Photo of yourself

HEALTH INFORMATION

ARE YOU AWARE OF ANY MEDICAL PROBLEM, PAST OR PRESENT, THAT MAY AFFECT YOUR ABILITY TO ATTEND A SERVICE ACADEMY

EXPLAIN: _____

CERTIFICATION OF CITIZENSHIP

I do hereby certify that I am a United States citizen and a resident of the State of Wisconsin. I do further certify that I have never been married. You must be at least 17 years of age but less than 23 years of age on July 1st of the year that I hope to enter the Academy of my choice.

SIGNATURE OF APPLICANT: _____

DATE: _____

COMPLETED APPLICATIONS MUST BE RECEIVED BY **OCTOBER 19, 2007**. SEND ALL DOCUMENTATION TO:

SENATOR RUSS FEINGOLD
ATTN: MICHELLE MURRAY
1600 ASPEN COMMONS, RM 100
MIDDLETON, WISCONSIN 53562

IF YOU HAVE QUESTIONS ABOUT THIS
APPLICATION, CONTACT MICHELLE MURRAY
AT (608) 828-1200 OR BY EMAIL AT
michelle_murray@feingold.senate.gov

NOTE: Please do not send application materials to my Washington, DC office. This will delay the receipt of your application.